


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90096 019 ***150.00

DOCUMENT # 841521

1. Entity Name
BADGER METER, INC.



Principal Place of Business
**4545 W. BROWN DEER RD.
 MILWAUKEE, WI 53223**

Mailing Address
**4545 W. BROWN DEER RD.
 MILWAUKEE, WI 53223**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40022006



02222006 Chg-P CR2E034 (11/05)

4. FEI Number
39-0143280

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SMILEY, BEVERLY	
STREET ADDRESS	4545 W BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEEUSN, RICHARD	
STREET ADDRESS	4545 W. BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JAMES O	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DIX, RONALD H.	
STREET ADDRESS	4545 W BROWN DEER RD.	
CITY-ST-ZIP	MILWAUKEE, WI 53223	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	FORBES, JAMES L	
STREET ADDRESS	4545 W BROWN DEER RD	
CITY-ST-ZIP	MILWAUKEE, WI 53223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meeusen, Richard A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan L. Cieslak	
STREET ADDRESS	4545 W. Brown Deer Rd.	
CITY-ST-ZIP	Milwaukee, WI 53223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ulice Payne, Jr.	
STREET ADDRESS	4545 W. Brown Deer Rd.	
CITY-ST-ZIP	Milwaukee, WI 53223	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Smiley, V.P.-Controller **2/22/06** **414-355-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #